

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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*PHA Plans for the  
Hickory Housing Authority*

5 Year Plan for Fiscal Years 2001 - 2004  
Annual Plan for Fiscal Year 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH  
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

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HUD 50075  
OMB Approval No: 2577-0226  
Expires: 03/31/2002

**PHA Plan  
Agency Identification**

**PHA Name:** *Housing Authority for the City of Hickory*

**PHA Number:** *NC056*

**PHA Fiscal Year Beginning:** (mm/yyyy) *10/2001*

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)**

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA
- PHA development management offices
- Other (list below)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2001 - 2004**  
[24 CFR Part 903.5]

**A. Mission**

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

Progress Statement:

- The PHA's mission is: (state mission here)

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)

Progress Statement:

- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction:

- Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

Progress Statement:

- PHA Goal: Increase assisted housing choices  
Objectives:
  - Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)

Progress Statement:

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- PHA Goal: Provide an improved living environment  
Objectives:
  - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
  - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
  - Implement public housing security improvements:
  - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
  - Other: (list below)

Progress Statement:

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- PHA Goal: Promote self-sufficiency and asset development of assisted households  
Objectives:
  - Increase the number and percentage of employed persons in assisted families:

- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

Progress Statement:

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
  - Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

Progress Statement:

**Other PHA Goals and Objectives: (list below)**

# Annual PHA Plan PHA Fiscal Year 2001

[24 CFR Part 903.7]

## **i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

### **Streamlined Plan:**

- High Performing PHA**  
 **Small Agency (<250 Public Housing Units)**  
 **Administering Section 8 Only**

**Troubled Agency Plan**

## **ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

## **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

### **Table of Contents**

Page #

#### **Annual Plan**

- i. Executive Summary
- ii. Table of Contents
  - 1. Housing Needs
  - 2. Financial Resources
  - 3. Policies on Eligibility, Selection and Admissions
  - 4. Rent Determination Policies
  - 5. Operations and Management Policies
  - 6. Grievance Procedures
  - 7. Capital Improvement Needs
  - 8. Demolition and Disposition
  - 9. Designation of Housing
  - 10. Conversions of Public Housing
  - 11. Homeownership
  - 12. Community Service Programs

13. Crime and Safety
14. Pets (Inactive for January 1 PHAs)
15. Civil Rights Certifications (included with PHA Plan Certifications)
16. Audit
17. Asset Management
18. Other Information

**Attachments**

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2001 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- FY 2001 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
  - Substantial Deviation and Significant Amendment or Modification*
  - Community Service Policy*
  - Pet Ownership Policy*
  - Resident Membership on PHA Board of Governing Body*
  - Membership of Resident Advisory Board*
  - Progress Statement*
  - Summary of Policy or Program Changes for the Upcoming Year*

**Supporting Documents Available for Review**

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or	Annual Plan: Operations and Maintenance



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	eradication of pest infestation (including cockroach infestation)	
<i>X</i>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<i>X</i>	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<i>X</i>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
<i>NA</i>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<b>X</b>	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
<b>NA</b>	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<b>NA</b>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
<b>NA</b>	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
<b>NA</b>	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
<b>NA</b>	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
<b>NA</b>	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
<b>NA</b>	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
<b>NA</b>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<b>X</b>	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
<b>X</b>	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
<b>X</b>	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
<b>NA</b>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
<b>NA</b>	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# 1. Statement of Housing Needs

[24 CFR Part 903.79 (a)]

## A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	16	4	4	3	5	3	5
Income >30% but <=50% of AMI	2	2	3	5	NA	3	5
Income >50% but <80% of AMI	41	2	2	5	NA	4	5
Elderly	0	1	4	2	4	2	5
Families with Disabilities	3	5	5	3	5	1	5
White	26	2	2	5	NA	4	5
Black	29	2	2	5	NA	4	5
Other	3	4	5	NA	NA	5	5
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2001
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

## B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	59		
Extremely low income <=30% AMI	16	27	
Very low income (>30% but <=50% AMI)	2	3	
Low income (>50% but <80% AMI)	41	69	
Families with children	4	7	
Elderly families	0	0	
Families with Disabilities	3	5	
Caucasian	26	44	
African-American	29	49	
Other	3	5	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	53	93	
2 BR	3	5	
3 BR	1	2	
4 BR	0	0	
5 BR	0	0	
5+ BR	N/A	N/A	

<b>Housing Needs of Families on the Waiting List</b>	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
If yes:	
How long has it been closed (# of months)?	
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes	

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	<i>112</i>		
Extremely low income <=30% AMI	<i>94</i>	<i>85</i>	
Very low income (>30% but <=50% AMI)	<i>13</i>	<i>12</i>	
Low income (>50% but <80% AMI)	<i>3</i>	<i>3</i>	
Families with children	<i>45</i>	<i>40</i>	
Elderly families	<i>26</i>	<i>23</i>	
Families with Disabilities	<i>43</i>	<i>38</i>	
Caucasian	<i>72</i>	<i>64</i>	
African-American	<i>39</i>	<i>35</i>	
Hispanic	<i>0</i>	<i>0</i>	
Asian	<i>0</i>	<i>0</i>	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>
2 BR	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>

<b>Housing Needs of Families on the Waiting List</b>			
3 BR	N/A	N/A	N/A
4 BR	N/A	N/A`	N/A
5 BR	N/A	N/A	N/A
5+ BR	N/A	N/A	N/A
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### **C. Strategy for Addressing Needs**

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

#### **(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1: Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available

Other: (list below)



**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community

- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

## **2. Statement of Financial Resources**

[24 CFR Part 903.79 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2001 grants)</b>		
a) Public Housing Operating Fund	600,134.00	
b) Public Housing Capital Fund	522,098.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,168,600.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	76,410.00	
g) Resident Opportunity and Self-sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<i>Section 8 Project-Based</i>	237,816.00	<i>Other</i>
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<i>Sub-total</i>	2,605,058.00	
<b>3. Public Housing Dwelling Rental Income</b>	486,735.00	<i>Public housing operations</i>
<b>4. Other income (list below)</b>	36,000.00	<i>Public housing operations</i>
<i>Work Orders, court costs, excess utilities</i>		
<b>5. Non-federal sources (list below)</b>		
<i>Sub-total</i>	522,735.00	
<b>Total resources</b>	3,127,793.00	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.79 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)  
 When families are within a certain time of being offered a unit: (state time)  
 Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity  
 Rental history  
 Housekeeping  
 Other (describe)

c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

##### **(2) Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list  
 Sub-jurisdictional lists  
 Site-based waiting lists  
 Other (describe)

b. Where may interested persons apply for admission to public housing?

- PHA main administrative office  
 PHA development site management office  
 Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists? **2**

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

### **(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

### **(4) Admissions Preferences**

a. Income targeting:

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

Emergencies

- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

### **(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease
- The PHA's Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)

### **(6) Deconcentration and Income Mixing**

a.  Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site-based waiting lists  
If selected, list targeted developments below:

Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:

*NC056-01*

*NC056-02*

Employing new admission preferences at targeted developments  
If selected, list targeted developments below:

Other (list policies and developments targeted below)

d.  Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

*NC056-01*

*NC056-02*



g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts  
 List (any applicable) developments below:

## **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Eligibility**

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug-related activity only to the extent required by law or regulation  
 Criminal and drug-related activity, more extensively than required by law or regulation  
 More general screening than criminal and drug-related activity (list factors below)  
 Other (list below)

b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- Criminal or drug-related activity  
 Other (describe below)

### **(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- None  
 Federal public housing  
 Federal moderate rehabilitation  
 Federal project-based certificate program  
 Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance?  
(select all that apply)

- PHA main administrative office  
 Other (list below)

**(3) Search Time**

a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

- *Special situations beyond applicant control*
- *Any just cause if supported by documentation and verifiable*

**(4) Admissions Preferences**

a. Income targeting

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to sub-component **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)  
 Victims of domestic violence  
 Substandard housing  
 Homelessness  
 High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability  
 Veterans and veterans' families  
 Residents who live and/or work in your jurisdiction  
 Those enrolled currently in educational, training, or upward mobility programs

- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Formal Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

Victims of domestic violence

Substandard housing

Homelessness

High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- 1 Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- 1 Households that contribute to meeting income goals (broad range of incomes)
- 1 Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD

The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

The PHA applies preferences within income tiers

Not applicable: the pool of applicant families ensures that the PHA will meet income-targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

The Section 8 Administrative Plan

Briefing sessions and written materials

Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

Through published notices

Other (list below)

## **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

#### **(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0  
 \$1-\$25  
 \$26-\$50

2.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

- *Verified medical hardship*

c. Rents set at less than 30% than adjusted income

1.  Yes  No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

- Fixed percentage (other than general rent-setting policy)
- If yes, state percentage/s and circumstances below:

- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)

- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- Other (list below)

g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

**(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

**B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

**(1) Payment Standards**

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR
- 100% of FMR

- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard?  
(select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or sub-market
- Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or sub-market
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)

**(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)



## **5. Operations and Management**

[24 CFR Part 903.79 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

### **B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	<i>170</i>	<i>10%</i>
Section 8 Vouchers	<i>390</i>	<i>2.5%</i>
Section 8 Certificates	<i>N/A</i>	<i>N/A</i>
Section 8 Mod Rehab	<i>0</i>	<i>0</i>
Special Purpose Section 8 Certificates/Vouchers (list individually)	<i>N/A</i>	<i>N/A</i>
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

### **C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

## 6. PHA Grievance Procedures

[24 CFR Part 903.79 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

### A. Public Housing

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below: *n/a*

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office  
 PHA development management offices  
 Other (list below)

### B. Section 8 Tenant-Based Assistance

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below: *n/a*

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.79 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

#### **(1) Capital Fund Program Annual Statement**

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) Attachment B

-or-

The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

#### **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a.  Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) Attachment D

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- Yes  No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

- Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
- If yes, list developments or activities below:

- Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

- Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity:	
b. Projected end date of activity:	

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>DD/MM/YY</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected:
7. Coverage of action (select one)

- Part of the development
- Total development

## **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

### **A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

<b>Conversion of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway



5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: \_\_\_\_\_)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: \_\_\_\_\_)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: \_\_\_\_\_)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

### 2. Activity Description

- Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)	
3. Application status: (select one)	
<input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application	
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	
<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	

## B. Section 8 Tenant Based Assistance

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants  
 26 - 50 participants  
 51 to 100 participants  
 more than 100 participants

b. PHA-established eligibility criteria

- Yes  No: Will the PHA’s program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

*Attached.*

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

Yes  No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 02/07/98

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

### **B. Services and programs offered to residents and participants**

#### **(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas?

(select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

**(2) Family Self Sufficiency program/s**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2001 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size? If no, list steps the PHA will take below:

### C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below)

*Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year*

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program

Other (describe below)

1. Which developments are most affected? (list below)

### C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

2. Which developments are most affected? (list below)

### D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2001 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2001 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_)

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]



1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_\_
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component.  
High performing and small PHAs are not required to complete this component.

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - Not applicable
  - Private management
  - Development-based accounting
  - Comprehensive stock assessment
  - Other: (list below)
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one) *n/a*
- Attached at Attachment (File name)
- Provided below:
3. In what manner did the PHA address those comments? (select all that apply) *n/a*
- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)

### **B. Description of Election process for Residents on the PHA Board**

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

#### 3. Description of Resident Election Process

##### a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

##### b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization

Other (list)

c. Eligible voters: (select all that apply)

All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)

Representatives of all PHA resident and assisted family organizations

Other (list)

### C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) *City of Hickory*

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

- *Preserve existing housing stock*

Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

*Certified compliance with the City of Hickory Consolidated Plan. The City of Hickory, North Carolina has committed to the enhancement of the quality of life in our area by implementing programs to diversify economic development, improve community streets and public transportation, development of supportive housing, increase comprehensive planning, improve safety in neighborhoods, and construct more recreational facilities for youth and elderly.*

### D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

## Attachments

Use this section to provide any additional attachments referenced in the Plans.

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and II

### Annual Statement

### Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number      FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement**

**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

**Annual Statement**  
**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA- Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Total estimated cost over next 5 years</b>				



## Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

### Public Housing Asset Management

<b>Development Identification</b>		<b>Activity Description</b>						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> CITY OF HICKORY PUBLIC HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	91,196.00			
3	1408 Management Improvements Soft Costs	36,000.00			
	Management Improvements Hard Costs	.00			
4	1410 Administration	52,209.00			
5	1411 Audit	.00			
6	1415 Liquidated Damages	.00			
7	1430 Fees and Costs	32,500.00			
8	1440 Site Acquisition	.00			
9	1450 Site Improvement	115,000.00			
10	1460 Dwelling Structures	161,249.00			
11	1465.1 Dwelling Equipment—Nonexpendable	5,000.00			
12	1470 Nondwelling Structures	.00			
13	1475 Nondwelling Equipment	28,944.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTH.	Grant Type and Number Capital Fund Program Grant No: NC19P05650101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	522,098.00			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101				<b>Federal FY of Grant: 2001</b>			
		Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
HA-Wide	<b>Operations</b>		<b>1406</b>		<b>91,196.00</b>				
HA-Wide	<b>Management Improvements</b>		<b>1408</b>						
	Executive Director – Salary				12,000.00				
	Employee Training				4,000.00				
	Resident Services				20,000.00				
	<b>Total 1408</b>				<b>36,000.00</b>				
HA-Wide	<b>Administration</b>		<b>1410</b>						
	Director of Technical Services – Salary				52,209.00				
	<b>Total 1410</b>				<b>52,209.00</b>				
HA-Wide	<b>Fees &amp; Cost</b>		<b>1430</b>						
	Hire Consultant for Needs Assessment				4,000.00				
	A/E				25,000.00				
	Audit				3,500.00				
	<b>Total 1430</b>				<b>32,500.00</b>				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101				<b>Federal FY of Grant: 2001</b>			
		Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
	<b>Site Improvements</b>		1450						
NC 56-2	Repair and or replace sidewalks that are Cracked, unlevel so as to create a trip Hazard or have drainage problems. Seed and straw disturbed areas				15,000.00				
					.00				
					.00				
					.00				
NC 56-1	Provide new playground equipment at Terrace Hills				40,000.00				
					.00				
					.00				
NC 56-2	Ridgecrest – Erosion Control and Landscaping				20,000.00				
					.00				
					.00				
NC 56-1	Provide paving and dumpster pads				10,000.00				
					.00				
NC 56-1 A & B	Blue Ridge Heights and Terrace Hills Erosion Control and Landscaping				30,000.00				
					.00				
					.00				
	<b>Total 1450</b>				<b>115,000.00</b>				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101				<b>Federal FY of Grant: 2001</b>			
		Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
	<b>Dwelling Structures</b>		<b>1460</b>						
NC 56-1B	Hillside Gardens- HVAC			32 Units	132,249.00				
					.00				
HA –Wide	Replace Hot Water Heaters that are not Replaced when air conditioning Is installed.			LS	2,500.00				
					.00				
					.00				
					.00				
NC 56-1	Replace Screen doors as needed			LS	4,000.00				
NC 56-2	Replace Screen doors as needed			LS	2,500.00				
					.00				
HA-Wide	Recycle units at turnover			LS	20,000.00				
	<b>Total 1460</b>				<b>161,249.00</b>				
	<b>Dwelling Equipment</b>		<b>1465</b>						
HA-Wide	Replace Stoves			LS	2,500.00				
	Replace Refrigerators			LS	2,500.00				
	<b>Total 1465</b>				<b>5,000.00</b>				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTH.			<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101				<b>Federal FY of Grant: 2001</b>		
			Replacement Housing Factor Grant No:						
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
	<b>Non-Dwelling Equipment</b>		<b>1475</b>						
HA-Wide	Purchase new vehicle – Van				18,000.00				
	Upgrade computer hardware				10,944.00				
	<b>Total 1475</b>				<b>28,944.00</b>				

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
 Part III: Implementation Schedule**

PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program No: NC19P05650101 Replacement Housing Factor No:	<b>Federal FY of Grant: 2001</b>
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC 56-1	12/30/02			06/30/03			
NC 56-2	12/30/02			06/30/03			
HA-Wide	12/30/02			06/30/03			



# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name: <b>City of Hickory</b> <b>Public Housing Authority</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA-Wide	Year 1 2001	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
NC 56-1	Annual Statement	280,928.00	284,806.00	91,100.00	160,000.00
NC56-2		36,000.00	19,500.00	218,797.00	159,089.00
HA-Wide		205,170.00	217,792.00	212,201.00	203,009.00
Physical Improvement		344,428.00	331,806.00	337,397.00	346,589.00
Management Improvements		36,000.00	35,000.00	35,000.00	35,000.00
HA-Wide Non-Dwelling Structures & Equip.		7,984.00	29,159.00	11,159.00	.00
Administration		52,209.00	52,209.00	52,209.00	52,209.00
Other		42,500.00	32,500.00	43,000.00	43,000.00
Operations		38,977.00	41,424.00	43,333.00	45,300.00
<b>Total CFP Funds (Est.)</b>		<b>522,098.00</b>	<b>522,098.00</b>	<b>522,098.00</b>	<b>522,098.00</b>
Total Replacement Housing Factor Funds					

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2002 PHA FY: 2002			Activities for Year: <u>2</u> FFY Grant: 2002 PHA FY: 2002		
2001	<b>HA-Wide</b>			<b>1460 Dwelling Structures</b>		
Annual	<b>1406 Operations</b>		<b>38,977.00</b>	NC 56-1 Hillside Gardens – HVAC continued	39 units	160,000.00
Statement				NC 56-1 Sunny Valley – 504 Conversion		30,000.00
	<b>1408 Management Improvements</b>			NC 56-1 Replace Kitchen Cabinets, sinks, Range Hoods	27 units	86,928.00
	Executive Salary		12,000.00	NC 56-1 Replace screen doors as needed	LS	4,000.00
	Employee Training		4,000.00	NC 56-2 Replace screen doors as needed	LS	2,500.00
	Resident Services		20,000.00	HA –Wide Replace Water heaters that are not Replaced when air conditioning installed	LS	2,500.00
	<b>Total 1408</b>		<b>36,000.00</b>	HA-Wide Recycle units at turnover	LS	20,000.00
	<b>1410 Administration</b>			<b>Total 1460</b>		<b>305,928.00</b>
	Director of Technical Services		52,209.00			
	<b>Total 1410</b>		<b>52,209.00</b>	<b>1465 Dwelling Equipment</b>		
	<b>1430 Fees &amp; Cost</b>			Replace Stoves	LS	2,500.00
	Consultant for Needs Assessment		4,000.00	Replace Refrigerators	LS	2,500.00
	A/E		35,000.00	<b>Total 1465</b>		<b>5,000.00</b>
	Audit		3,500.00			
	<b>Total 1430</b>		<b>42,500.00</b>	<b>1475 Non-dwelling Equipment</b>		
				Upgrade Computer Equipment	LS	7,984.00
	<b>1450 Site Improvements</b>			<b>Total 1475</b>		<b>7,984.00</b>
	NC 56-2 Ridgecrest – Repave Parking	LS	33,500.00			
	<b>Total 1450</b>		<b>33,500.00</b>			
				<b>TOTAL</b>		<b>522,098.00</b>

**Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>3</u> FFY Grant: 2003 PHA FY: 2003			Activities for Year: <u>3</u> FFY Grant: 2003 PHA FY: 2003		
2001	<b>HA-Wide</b>			Site Improvements continued		
Annual	<b>1406 Operations</b>		<b>41,424.00</b>	NC 56-1 Blue Ridge – Playground Equip.	LS	23,181.00
Statement				NC 56-1 Exterior Painting – general	LS	5,000.00
	<b>1408 Management Improvements</b>			NC 56-2 Exterior Painting - general	LS	5,000.00
	Executive Salary		12,000.00	<b>Total 1450</b>		<b>58,181.00</b>
	Employee Training		3,000.00			
	Resident Services		20,000.00	<b>1460 Dwelling Structures</b>		
	<b>Total 1408</b>		<b>35,000.00</b>	NC 56-1 Blue Ridge – HVAC	44 Units	162,325.00
	<b>1410 Administration</b>			NC 56-1 Replace Kitchen Cabinets, sinks, Range Hoods	20 units	64,186.00
	Director of Technical Services		52,209.00	NC 56-1 Replace floor tile	LS	11,114.00
	<b>Total 1410</b>		<b>52,209.00</b>	NC 56-1 Replace screen doors as needed	LS	4,000.00
				NC 56-2 Replace screen doors as needed	LS	2,500.00
	<b>1430 Fees &amp; Cost</b>			HA –Wide Replace Water heaters that are not Replaced when air conditioning installed	LS	2,500.00
	Consultant for Needs Assessment		4,000.00	HA-Wide Recycle units at turnover	LS	20,000.00
	A/E		25,000.00	NC 56-2 Readjust Kitchen Cab at Handicap Unit	LS	2,000.00
	Audit		3,500.00	<b>Total 1460</b>		<b>268,625.00</b>
	<b>Total 1430</b>		<b>32,500.00</b>	<b>1465 Dwelling Equipment</b>		
				Replace Stoves & Refrigerators	LS	5,000.00
	<b>1450 Site Improvements</b>			<b>Total 1465</b>		<b>5,000.00</b>
	NC 56-2 Provide Site Improvements	LS	10,000.00			
	NC 56-1 Sunny Valley	LS	10,000.00	<b>1475 Non-dwelling Equipment</b>		
	NC 56-1 Hillside	LS	5,000.00	Upgrade Computer Equipment	LS	11,159.00
	Rework dumpster screen pads, benches, loose siding			Purchase New Truck	LS	18,000.00
	Additional handrails at steps, clean out ditches, Sidewalks, landscaping, remove trees growing thru Fence, misc paint of columns & doors,. etc			<b>Total 1475</b>		<b>29,159.00</b>
				<b>TOTAL</b>		<b>522,098.00</b>



**Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>5</u> FFY Grant: 2005 PHA FY: 2005			Activities for Year: <u>5</u> FFY Grant: 2005 PHA FY: 2005		
2001	<b>HA-Wide</b>			<b>1460 Dwelling Structures</b>		
Annual	<b>1406 Operations</b>		<b>45,300.00</b>	NC 56-2 Ridgecrest – HVAC	8 Units	31,642.00
Statement				NC 56-2 Replace Floor Tile	LS	60,947.00
	<b>1408 Management Improvements</b>			NC 56-1 Sunny Valley – replace VCT	LS	40,000.00
	Executive Salary		12,000.00	NC 56-1 Replace screen doors as needed	LS	4,000.00
	Employee Training		3,000.00	NC 56-2 Replace screen doors as needed	LS	2,500.00
	Resident Services		20,000.00	NC 56-1 Termite Treatment	LS	111,000.00
	<b>Total 1408</b>		<b>35,000.00</b>	NC 56-2 Termite Treatment	LS	44,000.00
				NC 56-2 Correct Building Settlement	LS	20,000.00
	<b>1410 Administration</b>			HA –Wide Replace Water heaters that are not		.00
	Director of Technical Services		52,209.00	Replaced when air conditioning installed	LS	2,500.00
	<b>Total 1410</b>		<b>52,209.00</b>	HA-Wide Recycle units at turnover	LS	20,000.00
				<b>Total 1460</b>		<b>336,589.00</b>
	<b>1430 Fees &amp; Cost</b>					
	Consultant for Needs Assessment		4,000.00	<b>1465 Dwelling Equipment</b>		
	A/E		35,000.00	Replace Stoves & Refrigerators	LS	5,000.00
	Audit		4,000.00	<b>Total 1465</b>		<b>5,000.00</b>
	<b>Total 1430</b>		<b>43,000.00</b>			
	<b>1450 Site Improvements</b>					
	NC 56-1 Repave Parking	LS	5,000.00			
	<b>Total 1450</b>		<b>5,000.00</b>			
				<b>TOTAL</b>		<b>522,098.00</b>

**DECONCENTRATION AND INCOME TARGETING POLICY  
FOR THE  
HOUSING AUTHORITY OF THE CITY OF  
HICKORY, NORTH CAROLINA**

**DECONCENTRATION AND INCOME TARGETING POLICY**  
*(of the Public Housing Admissions and Occupancy Policy)*

Sub-Title A, Section 513 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), establishes two interrelated requirements for implementation by Public Housing Authorities: (1) Economic Deconcentration of public housing developments and (2) Income Targeting to assure that families in the “extremely low” income category are proportionately represented in public housing and that pockets of poverty are reduced or eliminated. Under the deconcentration requirement, PHAs are to implement a program which provides that families with lowest incomes will be offered units in housing developments where family incomes are the highest and high-income families will be offered units in developments where family incomes are the lowest. In order to implement these new requirements the PHA must promote these provisions as policies and revise their Admission and Occupancy policies and procedures to comply.

Therefore, the Housing Authority of the City of Hickory, NC (PHA) hereby affirms its commitment to implementation of the two requirements by adopting the following policies:

A. Economic Deconcentration:

Admission and Occupancy policies are revised to include the PHA’s policy of promoting economic deconcentration of its housing developments by offering low-income families, selected in accordance with applicable preferences and priorities, units in developments where family incomes are highest. Conversely, families with higher incomes will be offered units in developments with the lowest average family incomes.

Implementation of this program will require the PHA to: (1) determine and compare the relative tenant incomes of each development and the incomes of families in the census tracts in which the developments are located, and (2) consider what policies, measures or incentives are necessary to bring high-income families into low-income developments (or into developments in low-income census tracts) and low-income families into high-income developments (or into developments in high-income census tracts).

In addition, an assessment of the average family income for each development is necessary. Families will be provided with an explanation of the policy during the application/screening process and/or the occupancy orientation sessions and given opportunities to discuss the options available to them. The families will also be informed that should they choose not to accept the first unit offered under this system, their refusal will not be cause to drop their name to the bottom of the list.

Implementation may include one or more of the following options:

- S Skipping families on the waiting list based on income;
- S Establishing preferences for working families;
- S Establish preferences for families in job training programs;
- S Establish preferences for families in education or training programs;
- S Marketing campaign geared toward targeting income groups for specific developments;
- S Additional supportive services;
- S Additional amenities for all units;
- S Ceiling rents;
- S Flat rents for developments and unit sizes;
- S Different tenant rent percentages per development;
- S Different tenant rent percentages per bedroom size;
- S Saturday and evening office hours;
- S Security Deposit waivers;
- S Revised transfer policies;
- S Site-based waiting lists;
- S Mass Media advertising/Public service announcements; and
- S Giveaways.

B. Income Targeting

As public housing dwelling units become available for occupancy, responsible PHA employees will offer units to applicants on the waiting list. In accordance with the Quality Housing and Work Responsibility Act of 1998, the PHA encourages occupancy of its developments by a broad range of families with incomes up to eighty percent (80%) of the median income for the jurisdiction in which the PHA operates. At a minimum, 40% of all new admissions to public housing **on an annual basis** will be families with incomes at or below thirty percent (30%) (extremely low-income) of the area median income. The offer of assistance will be made without discrimination because of race, color, religion, sex, national origin, age, handicap or familial status.

The PHA may employ a system of income ranges in order to maintain a public housing resident body composed of families with a range of incomes and rent paying abilities representative of the range of incomes among low-income families in the PHA's area of operation, and will take into account the average rent that should be received to maintain financial solvency. The selection procedures are designed so that selection of new public housing residents will bring the actual distribution of rents closer to the projected distribution of rents.



In order to implement the income targeting program, the following policy is adopted:

- < The PHA may select, based on date and time of application and preferences, two (2) families in the extremely low-income category and two (2) families from the lower/very low-income category alternately until the forty percent (40%) admission requirement of extremely low-income families is achieved (2 plus 2 policy).
- < After the minimum level is reached, all selections may be made based solely on date, time and preferences. Any applicants passed over as a result of implementing this 2 plus 2 policy will retain their place on the waiting list and will be offered a unit in order of their placement on the waiting list.
- < To the maximum extent possible, the offers will also be made to effect the PHA's policy of economic deconcentration.
- < For the initial year of implementation, a pro-rated percentage of the new admissions will be calculated from April 1, 1999 through the end of the fiscal year. Following the initial implementation period, the forty percent (40%) requirement will be calculated based on new admissions for the fiscal year.
- < The PHA reserves the option, at any time, to reduce the targeting requirement for public housing by no more than ten percent (10%), if it increases the target figure for its Section 8 program from the required level of seventy-five percent (75%) of annual new admissions to no more than eighty-five percent (85%) of its annual new admissions. (Optional for PHAs with both Section 8 and Public Housing programs)

## **NOTICE**

**Although we have made our best effort to comply with regulations, laws, and Federal/local policies the Nelrod Company does not offer advice on legal matters or render legal opinions. We recommend that this policy be reviewed by the Housing Authority's general counsel and/or attorney prior to approval by the Board of Commissioners.**

**The Nelrod Company is not responsible for any changes made to these policies by any party other than the Nelrod Company.**

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> CITY OF HICKORY PUBLIC HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	91,196.00			
3	1408 Management Improvements Soft Costs	36,000.00			
	Management Improvements Hard Costs	.00			
4	1410 Administration	52,209.00			
5	1411 Audit	.00			
6	1415 Liquidated Damages	.00			
7	1430 Fees and Costs	32,500.00			
8	1440 Site Acquisition	.00			
9	1450 Site Improvement	115,000.00			
10	1460 Dwelling Structures	161,249.00			
11	1465.1 Dwelling Equipment—Non-expendable	5,000.00			
12	1470 Non-dwelling Structures	.00			
13	1475 Non-dwelling Equipment	28,944.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b> CITY OF HICKORY PUBLIC HOUSING AUTH.	<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	522,098.00			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101				<b>Federal FY of Grant: 2001</b>			
		Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
HA-Wide	<b>Operations</b>		<b>1406</b>		<b>91,196.00</b>				
HA-Wide	<b>Management Improvements</b>		<b>1408</b>						
	Executive Director – Salary				12,000.00				
	Employee Training				4,000.00				
	Resident Services				20,000.00				
	<b>Total 1408</b>				<b>36,000.00</b>				
HA-Wide	<b>Administration</b>		<b>1410</b>						
	Director of Technical Services – Salary				52,209.00				
	<b>Total 1410</b>				<b>52,209.00</b>				
HA-Wide	<b>Fees &amp; Cost</b>		<b>1430</b>						
	Hire Consultant for Needs Assessment				4,000.00				
	A/E				25,000.00				
	Audit				3,500.00				
	<b>Total 1430</b>				<b>32,500.00</b>				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101				<b>Federal FY of Grant: 2001</b>			
		Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
	<b>Site Improvements</b>		1450						
NC 56-2	Repair and or replace sidewalks that are				15,000.00				
	Cracked, unlevel so as to create a trip				.00				
	Hazard or have drainage problems.				.00				
	Seed and straw disturbed areas				.00				
					.00				
NC 56-1	Provide new playground equipment at				40,000.00				
	Terrace Hills				.00				
					.00				
NC 56-2	Ridgecrest – Erosion Control and				20,000.00				
	Landscaping				.00				
					.00				
NC 56-1	Provide paving and dumpster pads				10,000.00				
					.00				
NC 56-1 A & B	Blue Ridge Heights and Terrace Hills				30,000.00				
	Erosion Control and Landscaping				.00				
					.00				
	<b>Total 1450</b>				<b>115,000.00</b>				



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101				<b>Federal FY of Grant: 2001</b>			
		Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
	<b>Dwelling Structures</b>		<b>1460</b>						
NC 56-1B	Hillside Gardens- HVAC			32 Units	132,249.00				
					.00				
HA -Wide	Replace Hot Water Heaters that are not Replaced when air conditioning Is installed.			LS	2,500.00				
					.00				
					.00				
NC 56-1	Replace Screen doors as needed			LS	4,000.00				
NC 56-2	Replace Screen doors as needed			LS	2,500.00				
					.00				
HA-Wide	Recycle units at turnover			LS	20,000.00				
	<b>Total 1460</b>				<b>161,249.00</b>				
	<b>Dwelling Equipment</b>		<b>1465</b>						
HA-Wide	Replace Stoves			LS	2,500.00				
	Replace Refrigerators			LS	2,500.00				
	<b>Total 1465</b>				<b>5,000.00</b>				



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTH.		<b>Grant Type and Number</b> Capital Fund Program Grant No: NC19P05650101				<b>Federal FY of Grant: 2001</b>			
		Replacement Housing Factor Grant No:							
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
	<b>Non-Dwelling Equipment</b>		<b>1475</b>						
HA-Wide	Purchase new vehicle – Van				18,000.00				
	Upgrade computer hardware				10,944.00				
	<b>Total 1475</b>				<b>28,944.00</b>				

<b>Annual Statement/Performance and Evaluation Report</b>							
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>							
<b>Part III: Implementation Schedule</b>							
PHA Name: CITY OF HICKORY PUBLIC HOUSING AUTHORITY			Grant Type and Number Capital Fund Program No: NC19P05650101 Replacement Housing Factor No:			Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NC 56-1	12/30/02			06/30/03			
NC 56-2	12/30/02			06/30/03			
HA-Wide	12/30/02			06/30/03			

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name: <b>City of Hickory Public Housing Authority</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA-Wide	Year 1 2001	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
NC 56-1	Annual Statement	280,928.00	284,806.00	91,100.00	160,000.00
NC56-2		36,000.00	19,500.00	218,797.00	159,089.00
HA-Wide		205,170.00	217,792.00	212,201.00	203,009.00
Physical Improvement		344,428.00	331,806.00	337,397.00	346,589.00
Management Improvements		36,000.00	35,000.00	35,000.00	35,000.00
HA-Wide Non-Dwelling Structures & Equip.		7,984.00	29,159.00	11,159.00	.00
Administration		52,209.00	52,209.00	52,209.00	52,209.00
Other		42,500.00	32,500.00	43,000.00	43,000.00
Operations		38,977.00	41,424.00	43,333.00	45,300.00
Total CFP Funds (Est.)		<b>522,098.00</b>	<b>522,098.00</b>	<b>522,098.00</b>	<b>522,098.00</b>
Total Replacement Housing Factor Funds					

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2002 PHA FY: 2002			Activities for Year: <u>2</u> FFY Grant: 2002 PHA FY: 2002		
2001	<b>HA-Wide</b>			<b>1460 Dwelling Structures</b>		
Annual	<b>1406 Operations</b>		<b>38,977.00</b>	NC 56-1 Hillside Gardens – HVAC continued	39 units	160,000.00
Statement				NC 56-1 Sunny Valley – 504 Conversion		30,000.00
	<b>1408 Management Improvements</b>			NC 56-1 Replace Kitchen Cabinets, sinks,		.00
	Executive Salary		12,000.00	Range Hoods	27 units	86,928.00
	Employee Training		4,000.00	NC 56-1 Replace screen doors as needed	LS	4,000.00
	Resident Services		20,000.00	NC 56-2 Replace screen doors as needed	LS	2,500.00
	<b>Total 1408</b>		<b>36,000.00</b>	HA –Wide Replace Water heaters that are not		.00
				Replaced when air conditioning installed	LS	2,500.00
	<b>1410 Administration</b>			HA-Wide Recycle units at turnover	LS	20,000.00
	Director of Technical Services		52,209.00	<b>Total 1460</b>		<b>305,928.00</b>
	<b>Total 1410</b>		<b>52,209.00</b>			
				<b>1465 Dwelling Equipment</b>		
	<b>1430 Fees &amp; Cost</b>			Replace Stoves	LS	2,500.00
	Consultant for Needs Assessment		4,000.00	Replace Refrigerators	LS	2,500.00
	A/E		35,000.00	<b>Total 1465</b>		<b>5,000.00</b>
	Audit		3,500.00			
	<b>Total 1430</b>		<b>42,500.00</b>			
				<b>1475 Non-dwelling Equipment</b>		
				Upgrade Computer Equipment	LS	7,984.00
	<b>1450 Site Improvements</b>			<b>Total 1475</b>		<b>7,984.00</b>
	NC 56-2 Ridgecrest – Repave Parking	LS	33,500.00			
	<b>Total 1450</b>		<b>33,500.00</b>			
				<b>TOTAL</b>		<b>522,098.00</b>

**Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>3</u> FFY Grant: 2003 PHA FY: 2003			Activities for Year: <u>3</u> FFY Grant: 2003 PHA FY: 2003		
2001	<b>HA-Wide</b>			Site Improvements continued		
Annual	<b>1406 Operations</b>		<b>41,424.00</b>	NC 56-1 Blue Ridge – Playground Equip.	LS	23,181.00
Statement				NC 56-1 Exterior Painting – general	LS	5,000.00
	<b>1408 Management Improvements</b>			NC 56-2 Exterior Painting - general	LS	5,000.00
	Executive Salary		12,000.00	<b>Total 1450</b>		<b>58,181.00</b>
	Employee Training		3,000.00			
	Resident Services		20,000.00	<b>1460 Dwelling Structures</b>		
	<b>Total 1408</b>		<b>35,000.00</b>	NC 56-1 Blue Ridge – HVAC	44 Units	162,325.00
	<b>1410 Administration</b>			NC 56-1 Replace Kitchen Cabinets, sinks,		.00
	Director of Technical Services		52,209.00	Range Hoods	20 units	64,186.00
	<b>Total 1410</b>		<b>52,209.00</b>	NC 56-1 Replace floor tile	LS	11,114.00
				NC 56-1 Replace screen doors as needed	LS	4,000.00
	<b>1430 Fees &amp; Cost</b>			NC 56-2 Replace screen doors as needed	LS	2,500.00
	Consultant for Needs Assessment		4,000.00	HA –Wide Replace Water heaters that are not		.00
	A/E		25,000.00	Replaced when air conditioning installed	LS	2,500.00
	Audit		3,500.00	HA-Wide Recycle units at turnover	LS	20,000.00
	<b>Total 1430</b>		<b>32,500.00</b>	NC 56-2 Readjust Kitchen Cab at Handicap Unit	LS	2,000.00
				<b>Total 1460</b>		<b>268,625.00</b>
	<b>1450 Site Improvements</b>			<b>1465 Dwelling Equipment</b>		
	NC 56-2 Provide Site Improvements	LS	10,000.00	Replace Stoves & Refrigerators	LS	5,000.00
	NC 56-1 Sunny Valley	LS	10,000.00	<b>Total 1465</b>		<b>5,000.00</b>
	NC 56-1 Hillside	LS	5,000.00			
	Rework dumpster screen pads, benches, loose siding			<b>1475 Non-dwelling Equipment</b>		
	Additional handrails at steps, clean out ditches,			Upgrade Computer Equipment	LS	11,159.00
	Sidewalks, landscaping, remove trees growing thru			Purchase New Truck	LS	18,000.00
	Fence, misc paint of columns & doors,, etc			<b>Total 1475</b>		<b>29,159.00</b>
				<b>TOTAL</b>		<b>522,098.00</b>

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>4</u> FFY Grant: 2004 PHA FY: 2004			Activities for Year: <u>4</u> FFY Grant: 2004 PHA FY: 2004		
2001	<b>HA-Wide</b>			<b>1460 Dwelling Structures</b>		
Annual	<b>1406 Operations</b>		<b>43,333.00</b>	NC 56-1 Blue Ridge – HVAC	24 Units	87,100.00
Statement				NC 56-2 Ridgecrest – HVAC	58 Units	214,297.00
	<b>1408 Management Improvements</b>			NC 56-2 Electrical repairs – GFI's	LS	2,000.00
	Executive Salary		12,000.00	NC 56-1 Replace screen doors as needed	LS	4,000.00
	Employee Training		3,000.00	NC 56-2 Replace screen doors as needed	LS	2,500.00
	Resident Services		20,000.00	HA –Wide Replace Water heaters that are not		.00
	<b>Total 1408</b>		<b>35,000.00</b>	Replaced when air conditioning installed	LS	2,500.00
				HA-Wide Recycle units at turnover	LS	20,000.00
				<b>Total 1460</b>		<b>332,397.00</b>
	<b>1410 Administration</b>					
	Director of Technical Services		52,209.00			
	<b>Total 1410</b>		<b>52,209.00</b>	<b>1465 Dwelling Equipment</b>		
				Replace Stoves & Refrigerators	LS	5,000.00
	<b>1430 Fees &amp; Cost</b>			<b>Total 1465</b>		<b>5,000.00</b>
	Consultant for Needs Assessment		4,000.00			
	A/E		35,000.00	<b>1475 Non-dwelling Equipment</b>		
	Audit		4,000.00	Upgrade Computer Equipment	LS	11,159.00
	<b>Total 1430</b>		<b>43,000.00</b>	<b>Total 1475</b>		<b>11,159.00</b>
				<b>TOTAL</b>		<b>522,098.00</b>

**Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>5</u> FFY Grant: 2005 PHA FY: 2005			Activities for Year: <u>5</u> FFY Grant: 2005 PHA FY: 2005		
2001	<b>HA-Wide</b>			<b>1460 Dwelling Structures</b>		
Annual	<b>1406 Operations</b>		<b>45,300.00</b>	NC 56-2 Ridgecrest – HVAC	8 Units	31,642.00
Statement				NC 56-2 Replace Floor Tile	LS	60,947.00
	<b>1408 Management Improvements</b>			NC 56-1 Sunny Valley – replace VCT	LS	40,000.00
	Executive Salary		12,000.00	NC 56-1 Replace screen doors as needed	LS	4,000.00
	Employee Training		3,000.00	NC 56-2 Replace screen doors as needed	LS	2,500.00
	Resident Services		20,000.00	NC 56-1 Termite Treatment	LS	111,000.00
	<b>Total 1408</b>		<b>35,000.00</b>	NC 56-2 Termite Treatment	LS	44,000.00
				NC 56-2 Correct Building Settlement	LS	20,000.00
	<b>1410 Administration</b>			HA –Wide Replace Water heaters that are not		.00
	Director of Technical Services		52,209.00	Replaced when air conditioning installed	LS	2,500.00
	<b>Total 1410</b>		<b>52,209.00</b>	HA-Wide Recycle units at turnover	LS	20,000.00
				<b>Total 1460</b>		<b>336,589.00</b>
	<b>1430 Fees &amp; Cost</b>					
	Consultant for Needs Assessment		4,000.00	<b>1465 Dwelling Equipment</b>		
	A/E		35,000.00	Replace Stoves & Refrigerators	LS	5,000.00
	Audit		4,000.00	<b>Total 1465</b>		<b>5,000.00</b>
	<b>Total 1430</b>		<b>43,000.00</b>			
	<b>1450 Site Improvements</b>					
	NC 56-1 Repave Parking	LS	5,000.00			
	<b>Total 1450</b>		<b>5,000.00</b>			
				<b>TOTAL</b>		<b>522,098.00</b>

# Public Housing Drug Elimination Program Plan

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

## Section 1: General Information/History

**A. Amount of PHDEP Grant** \$ 76,410.00

**B. Eligibility type (Indicate with an "x")** N1 \_\_\_\_\_ N2 \_\_\_\_\_ R X \_\_\_\_\_

**C. FFY in which funding is requested** 2001 \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

*The Hickory Housing Authority manages 309 Public Housing units in developments across the city currently housing 669 residents. Preventative measures have been implemented through social services programming. Through our successful community partnerships, we plan to prevent, address teen pregnancy issues, offer self-esteem, leadership skills, computer and employment training, parenting classes, and training for resident council members.*

### **E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
<i>Housing Authority</i>	<i>309</i>	<i>669</i>

### **F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

**12 Months** \_\_\_\_\_ **18 Months** X \_\_\_\_\_ **24 Months** \_\_\_\_\_



## G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY 1998						
FY 1999	68,401	NC19DEP0560199	13,134.00	N/A	10/1/1999	10/1/2001
FY 2000	71,288	NC19DEP0560100	71,288.00	Yes	10/1/2001	12/31/2001

## Section 2: PHDEP Plan Goals and Budget

### A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

### B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY_2001_ PHDEP Budget Summary	
Original Statement	
Revised Statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	0.00
9115 - Special Initiative	0.00
9116 - Gun Buyback TA Match	0.00
9120 - Security Personnel	0.00
9130 - Employment of Investigators	0.00
9140 - Voluntary Tenant Patrol	0.00
9150 - Physical Improvements	0.00
9160 - Drug Prevention	76,410.00
9170 - Drug Intervention	0.00
9180 - Drug Treatment	0.00
9190 - Other Program Costs	0.00
<b>TOTAL PHDEP FUNDING</b>	<b>76,410.00</b>

### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 - Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding: \$ 0.00</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9115 – Special Initiative</b>						<b>Total PHDEP Funding: \$ 0.00</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9116 – Gun Buyback TA Match</b>						<b>Total PHDEP Funding: \$ 0.00</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 - Employment of Investigators</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$ 0.00</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$ 76,410.00</b>		
Goal(s)		<i>Increase participation in classes by 10%. Increase by 10% the number of resident obtaining jobs.</i>					
Objectives		<i>Provide youth with opportunities to develop and/or increase resiliency skills.</i>					
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
<i>1. Social Service Programs</i>	<i>250</i>	<i>250</i>	<i>10-1-01</i>	<i>10-1-02</i>			<i>250 youth will be enrolled in programs offering, computer labs and off-site programming.</i>
<i>2. Part-time Staff</i>	<i>250-300</i>	<i>250-300</i>	<i>10-1-01</i>	<i>10-1-02</i>			<i>Hire staff to operate on-site programming, assist PH-FSS Coordinator with the implementation of activities for PH-FSS youth participants.</i>
<i>3. Purchase a 15 passenger van</i>	<i>All</i>	<i>All</i>	<i>10-1-01</i>	<i>10-1-02</i>			<i>Van purchased.</i>

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

**Section 3: Expenditure/Obligation Milestones**

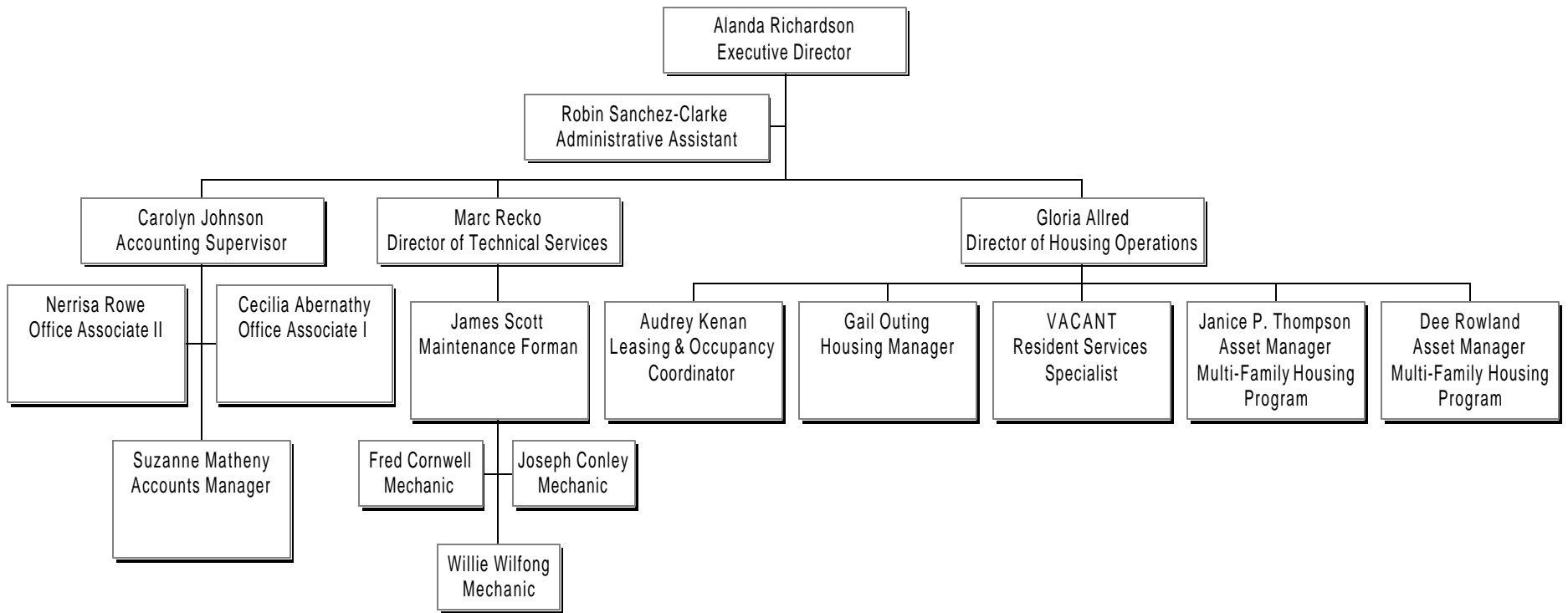
Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110				
9115				
9116				
9120				
9130				
9140	<b>41,075.00</b>	<b>35,335.00</b>		<b>76,410.00</b>
9150				
9160				
9170				
9180				
9190				
<b>TOTAL</b>	<b>41,075.00</b>	<b>\$35,335.00</b>		<b>\$76,410.00</b>

**Section 4: Certifications**

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

# Hickory Public Housing Authority Organizational Chart



## Housing Authority of the City of Hickory

### A. Substantial Deviation from the 5-Year Plan:

- Any change to the Mission Statement;
- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measurement of any individual goal or objective.

### B. Significant Amendment or Modification to the Annual Plan:

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;
- Any change in a policy or procedure that requires a regulatory 30-day posting;
- Any submission to HUD that requires a separate notification to residents, such as Hope VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs; and
- Any change inconsistent with the local, approved Consolidated Plan, in the discretion of the Executive Director.



**COMMUNITY SERVICE POLICY  
FOR THE  
HOUSING AUTHORITY OF THE CITY OF  
HICKORY, NORTH CAROLINA**

## COMMUNITY SERVICE POLICY

Section 512 of the Quality Housing and Work Responsibility Act of 1998, which amends Section 12 of the Housing Act of 1937, establishes a new requirement for non-exempt residents of public housing to contribute eight (8) hours of community service each month or to participate in a self-sufficiency program for eight (8) hours each month. Community service is a service for which individuals are not paid. The Housing Authority of the City of Anytown, USA (herein referred to as PHA) believes that the community service requirement should not be perceived by the resident to be a punitive or demeaning activity, but rather to be a rewarding activity that will benefit both the resident and the community. Community service offers public housing residents an opportunity to contribute to the communities that support them.

In order to effectively implement this new requirement, the Housing Authority of the City of Hickory, NC establishes the following Policy.

### A. Community Service

The PHA will provide residents, identified as required to participate in community service, a variety of voluntary activities and locations where the activities can be performed. The activities may include, but are not limited to:

- C improving the physical environment of the resident's developments;
- C selected office related services in the development or Administrative Office;
- C volunteer services in local schools, day care centers, hospitals, nursing homes, youth or senior organizations, drug/alcohol treatment centers, recreation centers, etc;
- C neighborhood group special projects;
- C self-improvement activities such as household budget, credit counseling, English proficiency, GED classes or other educational activities;
- C tutoring elementary or high school age residents; and
- C serving in on-site computer training centers.

Voluntary political activities are prohibited.

### B. Program Administration

The PHA may administer its own community service program in conjunction with the formation of cooperative relationships with other community based entities such as TANF, Social Services Agencies or other organizations which have as their goal, the improvement and advancement of disadvantaged families. The PHA may seek to contract its community service program out to a third-party.

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In conjunction with its own or partnership program, the PHA will provide reasonable accommodations for accessibility to persons with disabilities. The PHA may directly supervise community service activities and may develop and provide a directory of opportunities from which residents may select. When services are provided through partnering agencies, the PHA will confirm the resident's participation. Should contracting out the community service function be determined to be the most efficient method for the PHA to accomplish this requirement, the PHA will monitor the agency for contract compliance.

The PHA will assure that the service is not labor that would normally be performed by PHA employees responsible for the essential maintenance and property services.

C. Self-Sufficiency

The PHA will inform residents that participation in self-sufficiency activities for eight (8) hours each month can satisfy the community service requirement and encourage non-exempt residents to select such activities to satisfy the requirement. It should be noted that an individual may satisfy this requirement through a combination of community service and self-sufficiency activities totaling at least eight (8) hours per month. Such activities can include, but are not limited to:

- C apprenticeships and job readiness training;
- C substance abuse and mental health counseling and treatment;
- C English proficiency, GED, adult education, junior college or other formal education;
- C household budgeting and credit counseling;
- C small business training.

The PHA may sponsor its own economic self-sufficiency program or coordinate with local social services, volunteer organizations and TANF agencies.

D. Geographic Location

The PHA recognizes that the intent of this requirement is to have residents provide service to their own communities, either in the PHA's developments or in the broader community in which the PHA operates.

E. Exemptions

In accordance with provisions in the Act, the PHA will exempt from participation in community service requirements the following groups:

- C adults who are 62 years of age or older;
- C persons engaged in work activities as defined under Social Security (full-time or part-time

- employment);
- C participants in a welfare to work program;
- C persons receiving assistance from and in compliance with State programs funded under part A, title IV of the Social Security Act; and
- C the disabled but only to the extent that the disability makes the person “unable to comply” with the community service requirements.

The PHA will determine, at the next regularly scheduled reexamination, on or after the Fiscal Year beginning July 1, 2001 the status of each household member eighteen (18) years of age or older with respect to the requirement to participate in community service activities. The PHA will use the “PHA Family Community Service Monthly Time-Sheet” to document resident eligibility and the hours of community service. A record for each adult will be established and community service placement selections made. Each non-exempt household member will be provided with forms to be completed by a representative of the service or economic self-sufficiency activity verifying the hours of volunteer service conducted each month.

The PHA will also assure that procedures are in place which provide residents the opportunity to change status with respect to the community service requirement. Such changes include, but are not limited to:

- C going from unemployment to employment;
- C entering a job training program;
- C entering an educational program which exceeds eight (8) hours monthly.

All exemptions to the community service requirement will be verified and documented in the resident file. Required verifications may include, but not be limited to:

- C third-party verification of employment, enrollment in a training or education program, welfare to work program or other economic self sufficiency activities;
- C birth certificates to verify age 62 or older; or
- C if appropriate, verification of disability limitations.

Families who pay flat rents, live in public housing units within market rate developments or families who are over income when they initially occupy a public housing unit will not receive an automatic exception.

#### F. Cooperative Relationships with Welfare Agencies

The PHA may initiate cooperative relationships with local service agencies that provide assistance to its families to facilitate information exchange, expansion of community service/self-sufficiency program options and aid in the coordination of those activities.

G. Lease Requirements and Documentation

The PHA's lease has a twelve (12)-month term and is automatically renewable except for non-compliance with the community service requirement. The lease also provides for termination and eviction of the entire household for such non-compliance. The lease provisions will be implemented for current residents at the next regularly scheduled reexamination. The PHA will not renew or extend the lease if the household contains a non-exempt member who has failed to comply with the community service requirement.

Documentation of compliance or non-compliance will be placed in each resident file.

H. Non-compliance

If the PHA determines that a resident who is not an "exempt individual" has not complied with the community service requirement, the PHA must notify the resident:

1. of the non-compliance;
2. that the determination is subject to the PHA's administrative grievance procedure;
3. that unless the resident enters into an agreement under paragraph 4. of this section, the lease of the family of which the non-compliant adult is a member may not be renewed. However, if the non-compliant adult moves from the unit, the lease may be renewed;
4. that before the expiration of the lease term, the PHA must offer the resident an opportunity to cure the non-compliance during the next twelve (12)-month period; such a cure includes a written agreement by the non-compliant adult and the head of household (as applicable) to complete as many additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve (12)-month term of the lease.

## **NOTICE**

**Although we have made our best effort to comply with regulations, laws, and Federal/local policies the Nelrod Company does not offer advice on legal matters or render legal opinions. We recommend that this policy be reviewed by the Housing Authority's general counsel and/or attorney prior to approval by the Board of Commissioners.**

**The Nelrod Company is not responsible for any changes made to these policies by any party other than the Nelrod Company.**

## Proposed Pet Policy

The Pet Policy set forth herein is reasonably related to the following legitimate interests of the Hickory Public Housing Authority (PHA), including but not limited to:

- (a) The PHA's interest in providing a decent, safe and sanitary living environment for existing and prospective Residents;
- (b) Protection and preserving the physical condition of the property of the PHA and the housing located thereon; and
- (c) The PHA's financial interests in the property administered by this Housing Authority.

Residents occupying units administered by the Hickory Public Housing Authority shall be allowed to house pets on either a temporary or permanent basis. In the case of a Resident with a handicap, the Resident must certify to the Housing Authority in writing, that he/she or a member of his/her family has a handicap the animal has been trained to assist persons with that specific handicap and the animal actually assists the individual with a handicap. The Applicant and any Resident must also provide certification from a licensed medical reference. Only after such certification has been received by this Housing Authority in writing, will a Resident be permitted to keep and maintain a pet. The rules set forth herein specify the procedure for obtaining the necessary approval to keep and maintain a pet on this Housing Authority premises and set forth the rules which govern the keeping of such pets. Residents requesting permission to have a pet will be permitted a limit of one (1) pet per household (Dwelling Unit).

### (1) SELECTION CRITERIA

a. Management Approval: Prior to a pet being accepted for keeping in a Dwelling Unit the Resident and the Authority must enter into a Pet Agreement.

In addition to executing the "*Pet Agreement*" the Resident must submit to this Housing Authority documented proof of the proposed pet's health, suitability and acceptability in accordance with provisions outlined in "Standards" below. Pets must be registered with this Housing Authority before the pet is brought onto the premises and annually thereafter.

Registration includes:

1. Certificate signed by a licensed veterinarian or designated State or local authority or agent, stating that the pet has received all inoculations required by State or local law;
2. Statement signed by a licensed veterinarian that the animal is a good health, has no communicable diseases or pests, and in the case of dogs and cats, is spayed or neutered. Cats must be declawed;

3. Name, address, and phone number of one or more responsible parties to care for the pet if the owner dies, is incapacitated or unable to care for the pet;
4. Execution of a “*Pet Agreement*” stating that the Resident accepts complete responsibility for the care and cleaning of the pet and acknowledges the applicable rules;
5. Pet must be licensed in accordance with applicable State and local laws and regulations.

Registration will be coordinated with the annual reexamination date. Approval for the keeping of pets shall not be extended until the requirements specified above have been met and in no event will approval of other than the common household pets be extended.

b. Management Disapproval: This Housing Authority shall refuse to register the pet if:

1. The pet is not a common household pet identified more specifically in this policy’
2. Pet owner fails to provide complete pet registration information or fails annually to update the registration;
3. This Housing Authority reasonable determines based on the pet owner’s habits and practices that the pet owner will be unable to keep the pet in compliance with pet’s temperament may be considered as a factor in determining the prospective pet owner’s ability to comply with the pet rules and other Dwelling Lease obligations.

c. Standards: Common household pets as outlined below will be permitted under the following guidelines:

1. Dogs:

Maximum number – one (1);

Maximum adult weight – twenty (20) pounds, however, this may be increased to twenty-five (25) pounds in the case of the Resident already owning a dog weighing 20 to 25 pounds at time of move-in;

Must be housebroken;

Must be spayed or neutered;

Must have all required inoculations;

Must be licensed as specified now or in future by State and local ordinance.

2. Cats:

Maximum number – one (1);

Maximum adult weight – ten (10) pounds, however, this may be increased to fifteen (15) pounds in the case of Resident already owning a cat weighing between 10 and 15 pounds at time of move-in;

Must be declawed;

Must have all required inoculations;



Must be trained to use a litter box or other waste receptacle;  
Must be licensed as specified now or in the future by State and local ordinance.

3. Birds:

Maximum number – two (2)  
Must be enclosed in cage(s) at all times;  
Must have certified from licensed veterinarian on a yearly basis that bird(s)  
Is/are free of diseases.

4. Fish:

Maximum aquarium size – 20 gallons;  
Aquarium must be kept clean.

5. Rodents: (**ONLY** guinea pig, hamster, or gerbil)

Maximum number – four (4);  
Must be enclosed in cage(s) at all times;  
Cage(s) must be cleaned at least once weekly.

(2) Pet Deposit:

a. The Resident shall be required to pay to this Housing Authority a refundable deposit as defined below:

1. Dog or Cat: A deposit of \$100.00 (in addition to the required security deposit) will be made for the purpose of defraying any/all costs directly attributable to the presence of a dog or cat; plus a \$5.00 per month “pet fee”.
2. The deposit shall be paid in either a lump sum or an initial payment of \$50.00 on or prior to the date the pet is properly registered and brought into the Dwelling Unit, and the remaining \$50.00 on the immediate next rent payment date. Non compliance in payment of remaining \$50.00 will result in removal of pet and Resident

b. All other allowable pets:

1. A deposit of \$50.00 shall be made for the purpose of defraying all reasonable costs directly attributable to the presence of the pet;
2. The deposit shall be paid in full on or prior to the date the pet is properly registered and brought into the Dwelling Unit.

The Housing Authority reserves the right to change or increase the required deposit by amendment to this policy.

c. All reasonable expenses incurred by this Housing Authority as the result of damages directly attributable to the presence of the pet in the complex shall be the responsibility of the Resident.

1. Cost of repairs and replacement to Resident's Dwelling Unit.
2. Fumigation of Resident's Dwelling Unit. Such expense as a result of move out inspection shall be deducted from the Pet Deposit at move out and the Resident shall be billed for any balance due.

d. The remainder of the Pet Deposit shall be refused after the Resident moves out or when the Resident no longer keeps the pet whichever is earlier;

e. Resident's liability for damages caused by his/her pet is not the amount of the Pet Deposit; and while the Resident is in occupancy, he/she will be required to reimburse this Housing Authority for the total cost of any/all damages caused by his/her pet;

f. In the event that a Resident shall fail to promptly pay this Housing Authority for the cost of any/all damages caused by his/her pet after being furnished with an itemized invoice of said damages, the Resident shall pay all cost(s) and expenses, including court cost and reasonable attorney(s) fees in the event legal action is necessary to collect said damages.

(3) Pet Rules:

a. Pets must be maintained WITHIN the Resident's Dwelling Unit. When outside the Dwelling Unit dogs and cats MUST be kept on a leash or carried, and under the control of the Resident or other responsible individual AT ALL TIMES.

b. Dogs should be walked (always on a leash) and curbed away from the buildings, sidewalks, streets, and other common walking areas. Resident must carry a scoop and plastic bag when walking a pet and clean up after pet by placing waste in tied plastic bag and placing bag in Housing Authority trash container on the grounds of the complex. Under no circumstances will pet be allowed to go near the shrubbery and/or trees located on the property.

c. Litter Box requirements for Cats: Litter from litter boxes shall be disposed of in sealed plastic trash bags and placed on side of street for pick up on normal trash pickup days. Litter shall be changed at least once weekly and waste will be cleaned from box daily. Litter shall NOT be disposed of by being flushed down the toilet. Charges for unclogging the toilet due to the improper disposal of pest waste shall be billed to the Resident. Litter boxes shall be kept INSIDE the Resident's Dwelling Unit at all times.

d. Resident shall assume sole responsibility for liability arising from person sustained by any person attributable to his/her pet.

e. Residents agrees to control the noise of his/her pet so that such noise does not constitute a nuisance to other Residents or interrupt their peaceful enjoyment of their Dwelling Units. Failure to control pet noise may result in the removal of the pet from the premises.

f. Any pet that causes bodily injury to any Resident, guest staff member, or other authorized person on the premises, shall be IMMEDIATELY AND PERMANENTLY REMOVED FROM THE PREMISES WITHOUT PRIOR NOTIFICATION.

g. Dogs shall never be left unattended in any unit for a period in excess of four (4) hours. Cats shall never be left unattended in any Dwelling Unit for a period in excess of twenty -four (24) hours.

h. All Residents shall be responsible for adequate care, nutrition, exercise and medical attention of his/her pet. Any animal not being cared for properly will be removed by Management.

i. Visiting pets, as well as pets of visitor/guests are strictly prohibited, with the exception of handicap assistance pets, which must also be certified permission of the Housing Authority.

m. Residents are prohibited from feeding or harboring stray animals. The feeding of stray animals shall constitute having a pet without the written permission of this Housing Authority.

n. The expense of disinfestations of fleas in the Resident's Dwelling Unit shall be the responsibility of the Resident.

o. Resident shall not alter his/her Dwelling Unit, patio, or common areas to create an enclosure for his/her pet.

## **Pet Agreement**

1. Resident: \_\_\_\_\_
2. Dwelling Unit#: \_\_\_\_\_ Complex Name: \_\_\_\_\_
3. Date of Current Dwelling Lease: \_\_\_\_\_
4. Is your pet needed for assistance due to handicap of you or a member of your household? ( ) YES ( ) NO  
If yes, describe handicap and attach statement from your physician describing the handicap and how the proposed pet has been trained to assist with that specific handicap: \_\_\_\_\_
5. Description of Pet: \_\_\_\_\_  
\_\_\_\_\_  
Type of Pet: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Weight: \_\_\_\_\_ Estimated weight & height at maturity: \_\_\_\_\_ / \_\_\_\_\_  
Aquarium size (if applicable): \_\_\_\_\_, Type of fish (if applicable): \_\_\_\_\_
6. Name and address of veterinarian: \_\_\_\_\_  
\_\_\_\_\_  
License number: \_\_\_\_\_
7. If dog or cat date of neutering or spaying: \_\_\_\_\_ If cat, date of declawing: \_\_\_\_\_
8. Has your pet lived in rental housing before? ( ) YES ( ) NO If yes, name and phone number of landlord: \_\_\_\_\_
9. Has your pet ever bitten or injured anyone? If so, describe the incident: \_\_\_\_\_  
\_\_\_\_\_

This application must be completed and returned when application is made for housing at this Housing Authority, along with two (2) affidavits of Pet Owner's Emergency Absence Agreement. Each must be signed and witnessed by two (2) separate people who are willing to immediately care, and be responsible for, your pet in the event of your absence. The signatures must be notarized.

A Veterinarian's Certificate must also be completed by a veterinarian and returned with this application.

THIS IS TO CERTIFY THAT ALL INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND I HAVE READ THE PET POLICY CONTAINING RULES AND REGULATIONS AND FULLY UNDERSTAND THIS CONTRACT. I ACCEPT ALL FINANCIAL RESPONSIBILITY FOR MY PET INCLUDE IN THESE RULES AND REGULATIONS AND ANY/ALL DAMAGES/ INJURIES THAT MAY OCCUR BECAUSE OF MY PET.

RESIDENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY : \_\_\_\_\_ DATE: \_\_\_\_\_  
(Housing Authority Representative)

This Pet Agreement, when executed, becomes an attachment to the Dwelling Lease between \_\_\_\_\_ and the Hickory Housing Authority.

I, \_\_\_\_\_, certify that;

I have read and received an explanation and understand the Provisions of the Pet Policy and rules of the Hickory Housing Authority and agree to comply fully with stipulated provisions;

I understand that violation of these rules may constitute cause for the removal of my pet from the premises, and/or termination of my tenancy; and I accept complete responsibility for the care and cleaning of the pet and my Dwelling Unit# \_\_\_\_\_ (Resident's initials).

When required by the Hickory Housing Authority to remove my pet from the premises, for cause, I agree to accomplish this removal and understand that failure to do so may constitute cause for the initiation of an eviction proceeding.

In the event I want to substitute pets, or if the pet is removed from the unit, or if I add another pet, I realize I will have to reapply for approval of the new pet.

NAME OF RESIDENT (print): \_\_\_\_\_

ADDRESS (DWELLING UNIT #): \_\_\_\_\_

COMPLEX NAME: \_\_\_\_\_

SIGNATURE AND DATE: \_\_\_\_\_

THE ABOVE NAMED HAS READ, UNDERSTOOD, AND SIGNED THESE RULES IN MY PRESENCE:

WITNESS: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

EXECUTIVE DIRECTOR OR DESIGNEE: \_\_\_\_\_

Adopted by the Board of Commissioners of the Housing Authority of the City of

Hickory, North Carolina on

\_\_\_\_\_ by Resolution Number \_\_\_\_\_.

# Housing Authority of the City of Hickory

## Required Attachment NC056i02: Resident Member on the PHA Governing Board

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: *Barbara Covington*

B. How was the resident board member selected: (select one)?

Elected

Appointed

C. The term of appointment is (include the date term expires): *Can be on board until ceases to be a resident. First appointed in 1984.*

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? *n/a*

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member: *July, 2004*

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): *Mayor William McDonald, III*

## **Required Attachment NC056j01: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

*The PHA advertised for a Resident Advisory Board. However, there were no residents to come forward. Therefore, the authority held a series of Public Hearings and meetings to involve residents in the Annual Plan process. These meetings were held as follows:*

*5-25-01*

*5-30-01*

*6-01-01*

*6-05-01*

*6-11-01*

*6-14-01*

*6-27-01*



Housing Authority the City of Hickory  
PHA Plan Update for FYB 2001

Statement of Progress  
Attachment: NC056k01

The Housing Authority of has been successful in achieving its mission and goals in the year 2000. Goals are either completed or on target for completion by the end of the year.

Concerning modernization approximately \$511,699.00 was either spent or obligated. PHA has done substantial renovation of *51 family apartments with new floor tile, kitchen cabinets and countertops, with another 50 scheduled for work. Painting of over 75 apartments.*

Concerning self-sufficiency and crime and safety, the Public Housing Drug Elimination Program (PHDEP) efforts reduced crime in the communities through *on site police programs, adolescent and teen programs and computer labs.*

PHDEP programs also provided residents with over *500* hours of service through *DSS, Health Department, City Recreation Department, Smart Start activities and mom programs.*

To ensure compliance with the Public Housing Reform Act of 1998, every policy was reviewed and updated as needed. Most significant was the update to the Admissions and Occupancy Policy and the Section 8 Administrative Plan.

Concerning ensuring equal opportunity outreach efforts have been made by making renewed partnerships with community groups and medical facilities.

## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

*Adoption of Community Service Policy*

*Adoption of Pet Ownership Policy*

*Inclusion of Executive Summary*

*Implementation of Section 8 Homeownership Program*

**CAPITAL FUND PROGRAM TABLES START HERE**

**Annual Statement /Performance and Evaluation Report  
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: <b>Hickory Public Housing Authority</b>	Grant Type and Number: Capital Fund Program No: <b>NC19P05650100</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
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Original Annual Statement   
  Reserved for Disasters/Emergencies   
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending 3/31/01   
  Final Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds	0.00	0.00	0.00	0.00
2	1406 Operating Expenses	25,000.00	25,000.00	8,521.34	8,521.34
3	1408 Management Improvements	20,000.00	20,000.00	855.58	855.58
4	1410 Administration	57,120.00	57,120.00	18,941.91	18,941.91
5	1411 Audit	3,500.00	3,500.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	46,650.00	46,650.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	92,461.00	44,807.00	0.00	0.00
10	1460 Dwelling Structures	266,968.00	314,622.00	82,816.69	82,816.69
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>511,699.00</b>	<b>511,699.00</b>	<b>111,135.52</b>	<b>111,135.52</b>
22	Amount of line 21 Related to LBP Activities	46,650.00	46,650.00	0.00	0.00
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part II: Supporting Pages**

PHA Name: <b>Hickory Public Housing Authority</b>		Grant Type and Number: Capital Fund Program No: <b>NC19P05650100</b> Replacement Housing Factor Grant No:						Federal FY of Grant: <b>2000</b>
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA Wide</b>								
	Operations	1406		25,000.00	25,000.00	8,521.34	8,521.34	Ongoing
	Management Improvements	1408		20,000.00	20,000.00	855.58	855.58	Ongoing
	Administration	1410		57,120.00	57,120.00	18,941.91	18,941.91	Ongoing
	Audit	1411		3,500.00	3,500.00	0.00	0.00	Scheduled
	Lead Based Paint Testing	1430		46,650.00	46,650.00	0.00	0.00	Scheduled
	Erosion Control/Sidewalks	1450		92,461.00	44807	0.00	0.00	Scheduled
<b>NC056-01</b>	Floor Tile	1460		12,000.00	45,000.00	22,538.00	22,538.00	In Process
	Replace DWH	1460		7,500.00	5,500.00	1,270.00	1,270.00	In Process
	Kitchen Cabinets	1460		187,846.00	100,000.00	0.00	0.00	Scheduled
	Screen Doors	1460		4500	3500	0.00	0.00	Scheduled
	Repair and Paint DU	1460		12,000.00	15,000.00	8,105.00	8,105.00	Ongoing
	Heat pumps	1460		43,122.00	43,122.00	0.00	0.00	Scheduled
	Replace Countertops	1460		0.00	16,000.00	2,965.00	2,965.00	Ongoing
<b>NC056-02</b>	Floor Tile	1460		0.00	43,000.00	34,583.40	34,583.40	Ongoing
	Replace DWH	1460		0.00	1,200.00	0.00	0.00	Scheduled
	Kitchen Cabinets	1460		0.00	12,800.00	2,960.00	2,960.00	Ongoing
	Screen Doors	1460		0.00	1,500.00	0.00	0.00	Scheduled
	Repair and Paint DU	1460		0.00	12,000.00	6,730.00	6,730.00	Ongoing
	Replace Countertops	1460		0.00	16,000.00	3,665.00	3,665.00	Ongoing
	<b>TOTAL</b>			<b>511,699.00</b>	<b>511,699.00</b>	<b>111,135.23</b>	<b>111,135.23</b>	<b>21.72% Complete</b>

**Annual Statement/Performance and Evaluation Report and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
Part III: Implementation Schedule**

PHA Name: <b>Hickory Public Housing Authority</b>			Grant Type and Number: Capital Fund Program No: <b>NC19P05650100</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2000</b>	
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Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	12/31/2001			12/31/2001			
NC056-01	12/31/2001			12/31/2001			

**ACTION PLAN  
FOR THE  
HICKORY PUBLIC HOUSING AUTHORITY  
COMMUNITY SERVICES PROGRAM  
AND RESIDENT EMPOWERMENT  
AND SELF-SUFFICIENTCY  
INITIATIVES**

Alanda K. Richardson  
Executive Director

# **PROGRAM**

- I. Program Summary, Goals and Objectives
- II. Family Demographics
- III. Number of Residents Required to Participate
- IV. Program Incentives
- V. Outreach Efforts and Orientation
- VI. Program Requirements
- VII. Scope of Activities and Supportive Services
- VIII. Identification of Support Needs
- IX. Program Termination and Grievance Procedures
- X. Assurance and Non-Interference
- XI. Implementation Timetable
- XII. Certification of Coordination

## **Program Summary**

In compliance with the New Community Service and Self-Sufficiency Requirements for Public Housing, the Hickory Housing Authority has developed a plan of action to meet this mandate, and provide residents with employment, and training options to achieve, economic independence of governmental assistance, job skills and development and homeownership. The **Family Self-Sufficiency Coordinator** will implement the program. Youth workers (funded under PHDEP) will be hired to coordinate youth activities, and Residents Councils will provide appropriate assistance as needed.

The overall goal is to establish a **community service program** that allows for full compliance with the HUD requirements for eight hours (8) per month for community service, self-sufficiency activities or a combination of both. This plan offers two components from which residents will be able to choose. It is believed that this level of flexibility will promote program participation and compliance. These components are (1) Intense Job Skills and Training Program and (2) Community/Volunteer Service.

## **Program Goals/ Objectives:**

Establish a **community service program** that will:

- Provide comprehensive information to the residents in Public Housing regarding this mandate and their obligations to participate or whether they have exemption status.
- Engage residents in meaningful community service and self-sufficiency activities that will improve their socio-economic.
- Promote a sense of community inclusion and cooperation between the residents and community at large.
- Establish interagency partnerships to ensure adequate and appropriate community service and training opportunities. This will involve securing commitments from public and private resources in the community.
- Provide homeownerships options for residents



- Develop a system of accountability and compliance of participants and community service providers to promote long-term success and effectiveness.
- Provide written documentation of annually resident compliance.
- Assess overall quality of program to identify ongoing and future program needs.
- Enhance the employability of program participants by offering opportunities geared towards job placement.
- Provide guidance and support to residents participating in the program to help overcome any identified barriers to participation.
- Establish cooperative working relationships with the local businesses in the community.

### **Resident Objectives:**

- Maintain resident status by fully complying with the mandate.
- Achieve a greater level of self-motivation, self-esteem, self-discipline and self-sufficiency by engaging in rewarding activities that will allow them to be of service to others in the community.
- Enhance employment skills that may lead to long-term gainful employment and self-reliance.
- Utilize occupational training offered by CVCC Junior college
- Work in cooperation with Housing Authority staff to identify and address various barriers to success.

### **Family Demographics:**

The Hickory Housing Authority's Public Housing program currently consists of 311 units. Of the 311 units, residents occupy 309 units and 2 are designated sub-stations.

The Authority's **Community Service Program** will identify those residents in public housing who are required to participate as outlined in the statute.

The demographics of the Public Housing population is outlined below:

**Units:**

Total Number of Public Housing Units	309
Total Number of Occupied Units	286
Blue Ridge Heights	68
Hillside Gardens	70
Ridgecrest	88
Terrace Hills	44
Sunny Valley	39

**Families:**

Total Number of Families	279
Total Number of Elderly Residents	79
Total Number of Handicapped/ Disabled Residents	30
Total Number of Female Head of Household	237
Total Number of Male Head of Household	37
Total Number of Single Parent Heads	88
Total Number of Residents	706

**Age, Sex, and Race:**

Number of Females	237
Number of Males	248
0-5 Years Old	164
6-12 Years Old	151
13-18 Years Old	89
18 Years and Older	315
African-American Residents	227
Caucasian Residents	48
Hispanic Residents	4

**Income:**

TANF	27
SSI	31
SS	63
VA Retirement	0
Wage Earners	85
Voluntary Child Support	23
Involuntary Child Support	0
Unemployment Benefits	0
Other	0
Other Non-Wage	0
No Income	50

**Number of Residents Required to Participate**

Based on the criteria of the statute and the recorded demographics, there are 46 (forty-six) residents who are required to participate in the community service program.

**Program Incentives**

This is an unfunded, mandated program, so therefore participation is not optional. While there will be no tangible program incentives, the consequences of non-compliance and the intrinsic value of self-improvement and economic success will be highlighted in an effort to motivate the resident to take advantage of an opportunity towards self-sufficiency. In many instances, community/volunteer service can lead to gainful employment.

## **Outreach Efforts and Orientation**

To keep all of our residents abreast of the laws that affect them, a written summary of this statute will be mailed to each of the 309 units. This summary will include a synopsis of the law, consequences for non-compliance and the individual participation status and responsibilities along with specific procedures to follow for the certification process.

Resident meetings will be held at each development to advise residents of the regulations, changes in regulations, etc.

Residents who qualify for the exemption status will be provided with detailed information regarding what documents, if any, that are necessary for certification. It will be required that any change in resident exemption status be reported immediately to the HHA for the proper follow up and re-certification/verification process. The information will also include cut-off dates for compliance. Similarly, those residents who will be required to participate in the program will be provided the dates and times for the mandatory orientation meeting.

Additionally, a list of all the community service providers and the volunteer profile sheet will be included in the first mailing to allow the resident an opportunity to begin the process of choosing the program component(s) they wish to pursue.

To facilitate resident convenience, peer support and to ensure that each participant is appropriately and adequately informed about his or her responsibilities under this statute, a mandatory orientation meeting will be held at each site.

During the meeting, the following items will be addressed:

1. Individual Requirements under this statute.
2. The benefits of compliance.
3. The consequences of non-compliance.
4. Choosing a program component and community resource provider.
5. Liability
6. Certification of compliance.
7. Program Termination.
8. Grievance Procedure.

## **Program Requirements**

It is the sole responsibility of the resident to secure appropriate placement and involvement with either the intense job skills training program, the community/volunteer service program or a combination of both. It is recommended that the resident choose a pre-approved provider from the list to avoid being placed in hazardous conditions or inappropriate (political activity) service activities.

HPHA will not assume any liability for any action arising out of the resident's involvement in this community service program. The resident's involvement with this program is not to be constructed as an employment relationship with the HPHA and/or the community service provider.

HPHA will provide to the resident a list of approved community service providers, a description of the service that they provide and the name and number of the resource contact.

The resident is responsible to ensure that their participation is accurately verified and submitted at the appropriate time. Any changes in program status are to report to the Family Self Sufficiency Coordinator for proper tracking. To further ensure proper tracking of resident compliance and to maintain a positive relation with the community service providers, the provider will be given a form to notify the HPHA of any problems, concerns or changes in participant status.

For those individuals choosing the job skills training program, the number of hours spent in each session will count towards the eight-hour minimum per month. This will allow the resident some flexibility in continuing with an active job placement program if employment has not been obtained by the conclusion of the job skills training program. In the event employment has not been secured by the time accrued time has been expended, the resident will be required to complete the eight-hour monthly requirement of community/volunteer service.

At the point of the annual verification of participation, the resident is responsible for ensuring that the proper documentation of compliance is received and submitted to the HPHA. No self-certifications will be allowed. Written documentation of the number of hours of participation must be received in writing from the certifying agency.

## **Scope of Activities and Supportive Services**

Commitments of participation have been secured with the following agencies to provide the Intense Job Skills Training and the Community/Volunteer Service Placements:

### **Job Skills Training & Placement**

Name of Agency	Contact	Telephone Number
CVCC	Judy White	324-5650
FACED Center	Deloris Sanders	327-7217
Department of Social Services	Karen Hefner	695-3311

Participants will work with the Family Self-Sufficiency Coordinator and Youth Workers who are employed by the HPHA.

The FSS Coordinator will:

- Follow-up to determine that all participants have been informed of their obligations and have been provided with the proper orientation materials and resources.
- Determine the level of compliance of the resident sixty days prior to the expiration of the lease.
- Provide written notification at least thirty days prior to the expiration of the lease to any resident who has been verified to be non-compliant with this mandate.

### **Program Termination Procedure:**

If the community service provider chooses to terminate the relationship with the resident, the resident will be responsible for securing a new and acceptable placement.

The following are reasons for termination of the Community Service Program/Placement:

- Failure to complete the required number of monthly work or self-sufficiency activities.
- Inappropriate or abusive behavior
- The resident's withdrawal from public housing.

## **Grievance Procedure**

Grievances must be submitted to the HPHA in writing. The informal hearing procedures will be utilized per the Public Housing Grievance Procedure.

## **Assurance and Non-Interference**

The Housing Authority assures that all residents will be duly informed of their responsibilities under this statute and that the proper documentation and follow-up will be made to accurately verify and report compliance.

Each community service provider will be given an opportunity to provide feedback of their experiences with the program inclusive of any recommendations in order that the HPHA can adequately assess the effectiveness of the program and to identify long-term and ongoing program needs.

## **Implementation Timetable**

Outreach efforts and follow-up will be implemented upon approval of the proposed plan.

## **Certification of Coordination:**

The Housing Authority will coordinate all services with the aid of the Public Housing Division to ensure implementation and to maintain the integrity of all data collected.

(JOB DESCRIPTIONS ATTACHED)

**Units:**

Total Number of Public Housing Units	309
Total Number of Occupied Units	270
Blue Ridge Heights	68
Hillside Gardens	70
Ridgecrest	88
Terrace Hills	44
Sunny Valley	39

**Families:**

Total Number of Families	277
Total Number of Elderly Residents	50
Total Number of Handicapped/ Disabled Residents	50
Total Number of Female Head of Household	239
Total Number of Male Head of Household	37
Total Number of Single Parent Heads	173
Total Number of Residents	826

**Age, Sex, and Race:**

Number of Females	239
Number of Males	251
0-5 Years Old	152
6-12 Years Old	148
13-18 Years Old	83
18 Years and Older	312
African- American Residents	543 including children
Caucasian Residents	89
Other	75



**Income:**

TANF	19
SSI	53
SS	70
VA Retirement	1
Wage Earners	80
Voluntary Child Support	33
Involuntary Child Support	0
Unemployment Benefits	2
Other	1
Other Non-Wage	6
No Income	49

**Number of Residents Required to Participate**

Based on the criteria of the statute and the recorded demographics, there are 46(forty-six) residents who are required to participate in the community service program.

**Program Incentives**

This is an unfunded, mandated program, so therefore participation is not optional. While there will be no tangible program incentives, the consequences of non-compliance and the intrinsic value of self-improvement and economic success will be highlighted in an effort to motivate the resident to take advantage of an opportunity towards self-sufficiency. In many instances, community/ volunteer service can lead to gainful employment.

## **Hickory Housing Authority**

### **RAB comments to PHA Plan**

#### **Comments from Residents:**

- *More activities for youth*
- *Staff to work with youth*
- *Transportation to doctor's appointments, grocery, etc.*
- *Playground equipment*
- *Assists residents with employment search*
- *Homeownership*
- *Assists residents in obtaining a driver's license*
- *Credit Counseling and Money Management*
- *Funding of two computer labs (1) Ridgcrest and (1) Terrace Hills*
- *Assisting with the organization of a Terrace Hills Resident Council*
- *Activities for single moms*

#### **Response from PHA:**

*As a result of meetings held, we will restructure the Public Housing Drug Elimination Program to incorporate as many of the activities as possible. Since we are not certain as to whether or not we will have this program beyond 2002, we will only plan for 1 additional year. Currently, we have restructured to include funding for the following.*

- *2 part-time Community Workers (residents)*
- *Funding for Girl Scouts*
- *Funding for two (2) Computer Labs*
- *Funding for expansion of DSS programs (Teen-Up, Pregnancy Prevention, Drumming Together Field trips)*
- *Outreach and transportation*
- *Summer camp*

*This will mean the authority will have 1 full-time and 2 part-time (1080 hours) employees in Resident Services.*

*These revisions will become a part of the Annual Plan & 5-Year Plan.*

*Additionally, we plan to incorporate into the Conventional Operating Budget a Family Self-sufficiency Coordinator (Full-time) to assist with programming for residents. In previous years HUD has funded this position as an add-on at*

*100%. While, we have yet to hear what our new funding level will be, we have not heard anything that would indicate HUD has abolished this position.*